**The Effectiveness of School-Based Cognitive-Behavioral Group Interventions for Unaccompanied Immigrant Youth**

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The prevalence of immigrants from the Southern border evading violence and poverty in Central America by emerging to America has grown in recent years, but more surprisingly unaccompanied minors have become more common, as a startling statistic shows that since 2014, at least 300,00 unaccompanied immigrant youth (UIY) have arrived at the United States (Schapiro et al., 2022). Unaccompanied minors are a unique subgroup of immigrants, as they usually come here alone and without a close support system and are exposed to significant traumatic histories and trauma-related symptoms. With many having background of personal connections to violence and trauma it is crucial to examine the safety and acceptability of group interventions for this particular group (Schapiro et al., 2022). Schapiro and Moore (2022) study the effectiveness of utilizing a group intervention to negate the psychological, behavioral, and physiological symptoms of arriving in America as a UIY. The study is useful in identifying the benefits of group interventions for UIY and helpful tools for facilitating growth for this population.

Schapiro and Moore (2022) utilize Cognitive Behavioral Intervention for Trauma in School (CBITS), which sought to reduce trauma-related symptoms and increase coping skills for CIY. The CBITS is a general approach to intervening with youth using Cognitive-Behavioral approach for service delivery. The group can be described as a psychoeducational and counseling group, as it emphasized developing coping skills, combatting negative thoughts and behaviors, and interpersonal processes. Psychoeducational groups are predominant in developing members' cognitive and behavioral well-being and imparting critical information to group members to facilitate positive change (Corey, M.S & Corey, G., 2018). Psychoeducational groups are unique in increasing awareness and education on a certain topic and providing skills to cope with these life changes. Counseling groups focus on changing thoughts, feelings, and behaviors, while implementing problem-solving skills and coping strategies to trauma-related behavior (Corey, M.S. & Corey, G., 2018). Corey et al. (2018) lists the goals of a counseling group as helping people develop positive attitudes and interpersonal skills, using group processes to facilitate behavior change, and learning and transferring skills into everyday scenarios. The use of psychoeducational and counseling group perspectives is useful because participants are learning skills and crucial information to combat negative thoughts, feelings, and behaviors developed through traumatic life events. This is especially significant for UIY because they are stripped of their old life and forced to acculturate with limited knowledge and resources.

Group participants come from the countries of El Salvador, Guatemala, and Honduras; these countries are among the 10 nations with the highest murder rates (Schapiro et al, 2022). It is also noteworthy that gangs are notorious in these countries for using coercion and violence to target youth. The cultural and historical backgrounds of the participants' home countries compounded with the adverse experiences of immigrating to America make this population susceptible to behavioral and psychological impositions. UIY are at-risk for assault, kidnapping, extortion, and corrupt law enforcement on their journey to America and this does not end when making it to their destination, as UIY are also vulnerable to physical and sexual abuse by border patrol, adjustment disorders, fear of deportation, and resettlement with unfamiliar strangers (Schapiro et al, 2022). The study utilizes a school-based intervention, as schoolteachers and social workers are likely to be the first to detect symptoms and school-based interventions overcome barriers like cost, transportation, and guardian availability (Schapiro et al, 2022). The study is facilitated by the Federally Qualified Health Center (FQHC) in the San Fransisco Bay Area and Cognitive Behavioral Intervention for Trauma in Schools is the therapeutic approach used for the study (Schapiro et al, 2022). 16 UIY were included in the group study in the 14–19-year age range and demographics were as follows: 9 coming from Guatemala, 6 from El Salvador, and 1 from Honduras, and 13 identifies as male, while only 3 identified as female. Groups are run by certified CBITS trained group facilitators. Groups are structured into 10 group sessions compounded with individual sessions and parent and teacher education sessions. Prominent frameworks utilized in sessions are trauma psychoeducation, coping, social support, problem solving, and relapse prevention. This group orientation is beneficial for promoting growth in participants and growth in the program.

The study utilizes a qualitative method to support their hypothesis. Data was collected through field notes and observations and interviews were held for key stakeholders and all 16 participants of the study. The Key stakeholders included therapists, case managers, clinicians, school social workers, interpreters, and other influential parties to the service provision of CBITS (Schapiro et al, 2022). A qualitative approach is useful in this context to gain nuanced voices and opinions on the effectiveness of this group intervention. It is also useful for understanding ways to expand and develop the intervention to better accommodate the unique needs of UIY.

The CBITS was effective in developing a broader understanding of the group intervention approach UIY should be met with to deliver the most productive results. Five major themes emerged from the study, including self-protective silence and denial, personal risks of disclosure, limitations using CBITS for UIY, effectiveness of skill-building and peer support, and language and/or cultural barriers (Schapiro et al, 2022). Youth participants often underreported their trauma and believed it was better to “dejarlo atras,” meaning to leave the past behind, when it came to trauma. Cultural differences informed the participants understanding of trauma and were often protective of their past and reluctant to disclose traumatic events. The study also found that CBITS was limited in engaging with youth and facilitating change, as the trauma narrative was heavily emphasized and this was intimidating and ineffectual for this population, as they have contrasting views of trauma (Schapiro et al, 2022). One therapist disclosed that “there was a little bit more of a tendency to focus on the actions than on the thoughts,” and many of the facilitators found that adjusting the sessions away from their own trauma and emphasizing coping skills and somatic symptoms was more effective in reaching the participants (Schapiro et al, 2022). Lastly, the study found that skill-building and peer support were fundamental components of the group. One participant disclosed that although he was reluctant to share in the sessions, he found listening to the stories of others helpful. The study is an effective tool for testing the efficacy of group intervention with UIY, but does not come without frailties. The study was limited to addressing the intervention's effectiveness with a wider range of demographic variables, most considerably the prevalence of girls in the study. The intersection of gender disparities and immigration status would be beneficial to observe and implement into future interventions. The study was valuable in incorporating the perspectives of key stakeholders to the participants, which is helpful for identifying many conclusions for the study and future interventions. The researchers suggest testing a model that de-emphasizes trauma narratives, while emphasizing skill-building and group support would be beneficial for future research.

Studies found that CBITS is most effective for young people who have experienced a past trauma and are now in a safe environment (Schapiro et al., 2022). This intervention is weak in this sense, as these participants are often still experiencing some trauma regarding their immigration and may not be in a safe environment. Other weaknesses include overemphasis on trauma narratives and limited time to review all session goals. Strengths of CBITS include the sessions accompanying individual and parent/teacher education sessions. This is especially effective for this population as confidentiality is a concern for the participants and may be disadvantageous to their helping process. CBITS was also effective in focusing on education and fostering resilience in the participants. The study allowed me to consider my own group and take with me productive components of group intervention with this population. Utilizing skill-building and education over trauma narratives will inform my own group creation. This seemed to be more meaningful for the participants, as they are still experiencing some trauma and cultural barriers. Utilizing a school setting was also effective in this group and will inform my own group orientation. Lastly, an importance of confidentiality and no judgement would be beneficial to this population, as they are often reluctant to disclose personal information out of fear of information being spread or fear of being teased, judged, or disbelieved (Schapiro et al, 20220).

Schapiro et al. (2022) studies the effectiveness of Cognitive Behavioral Intervention in Trauma for Schools (CBITS) for unaccompanied youth immigrating from the Southern border. UIY are a vulnerable population and susceptible to an array of trauma and trauma-symptoms, which may manifest as behavioral and psychological that impede on their development. The research and findings are beneficial in informing my own understanding of group intervention development.

**References**

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